



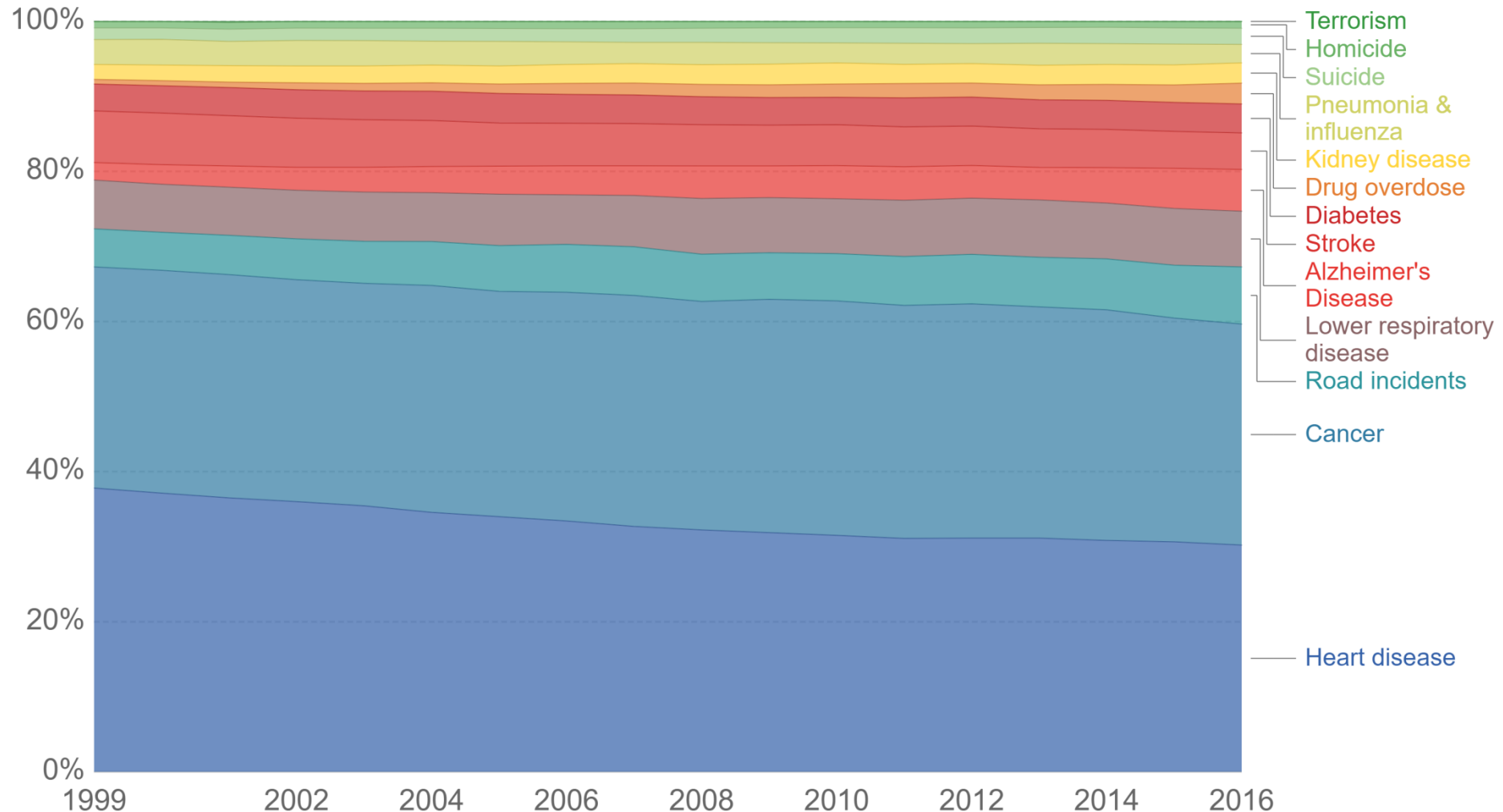
# TENNESSEE'S COUNTY HEALTH ASSESSMENT

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TDH OFFICE OF STRATEGIC INITIATIVES

Children's Advocacy Days  
March 10, 2020

# Relative share of deaths in the United States

The relative share of deaths in the United States by cause. These represent the top 10 causes of death in the USA, in addition to terrorism, homicide and drug overdoses which received significant attention. The share therefore represents each causes' share of the total 13 categories (which combined account for approximately 88% of total deaths in the United States).

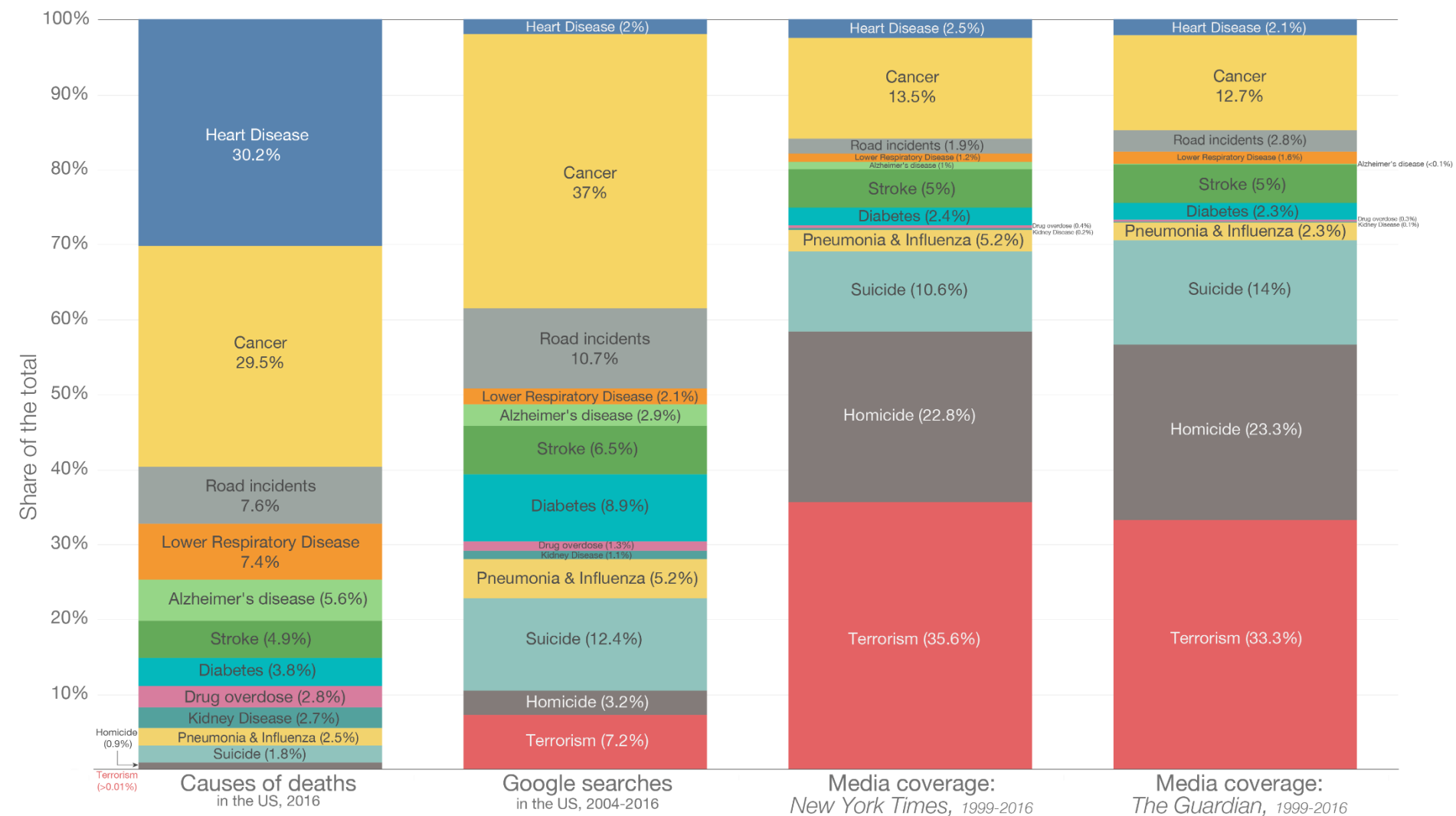


Source: Shen et al. (2018). Based on the CDC WONDER public health database

CC BY

# Causes of death in the US

What Americans die from, what they search on Google, and what the media reports on



Based on data from Shen et al (2018) – Death: reality vs. reported. All data available at: <https://owenshen24.github.io/charting-death>

Causes of death data refers to 2016; Google search data averaged over the period from 2004 to 2016; and NYT and Guardian data from 1999 to 2016.

Not all causes of death are shown: Shown is the data on the ten leading causes of death in the United States plus drug overdoses, homicides and terrorism.

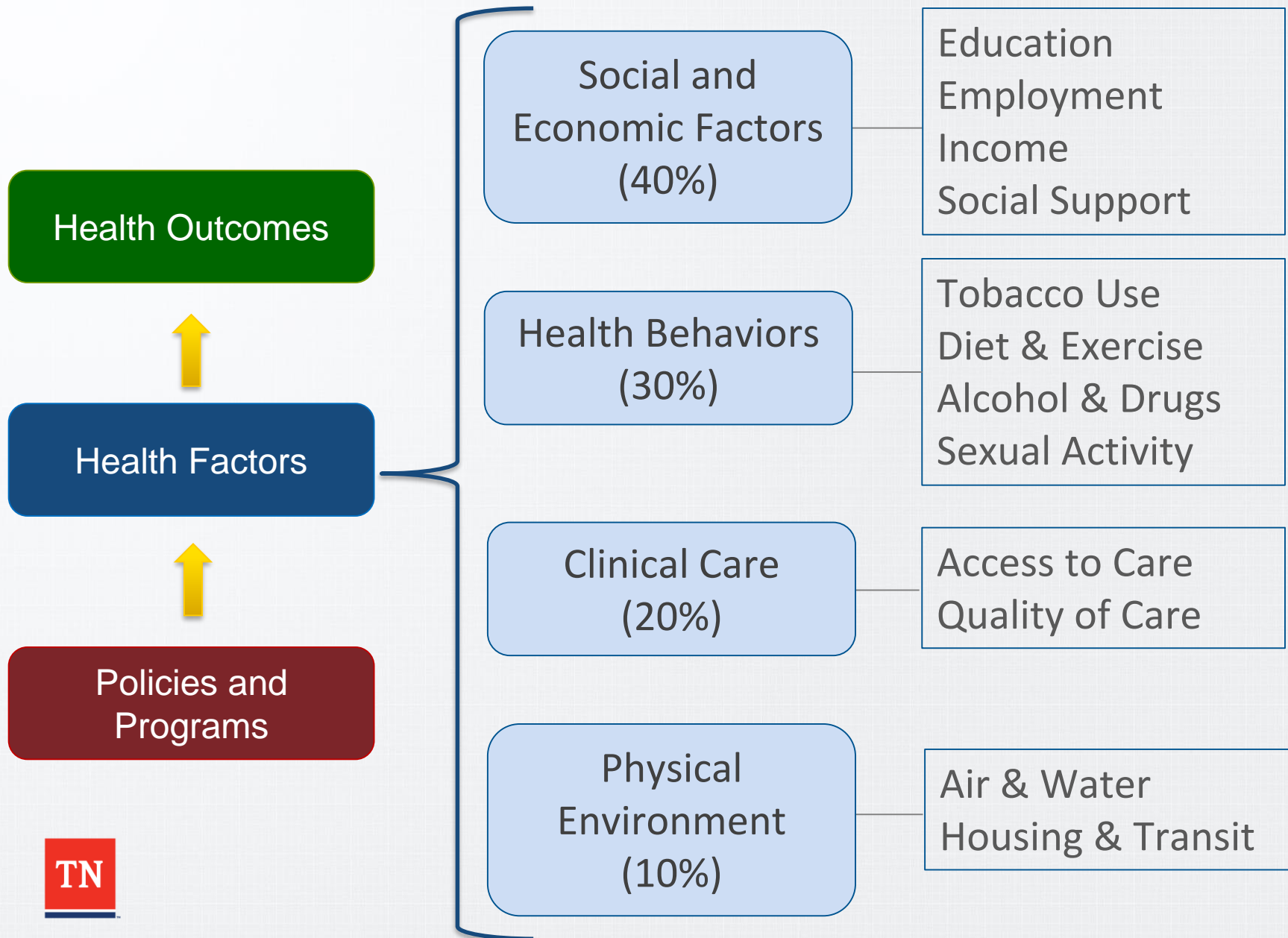
All values are normalized to 100% so they represent their relative share of the top causes, rather than absolute counts (e.g. 'deaths' represents each causes' share of deaths within the 13 categories shown rather than total deaths). The causes of death shown here account for approximately 88% of total deaths in the United States in 2016.

This is a visualization from [OurWorldinData.org](https://ourworldindata.org), where you find data and research on how the world is changing.

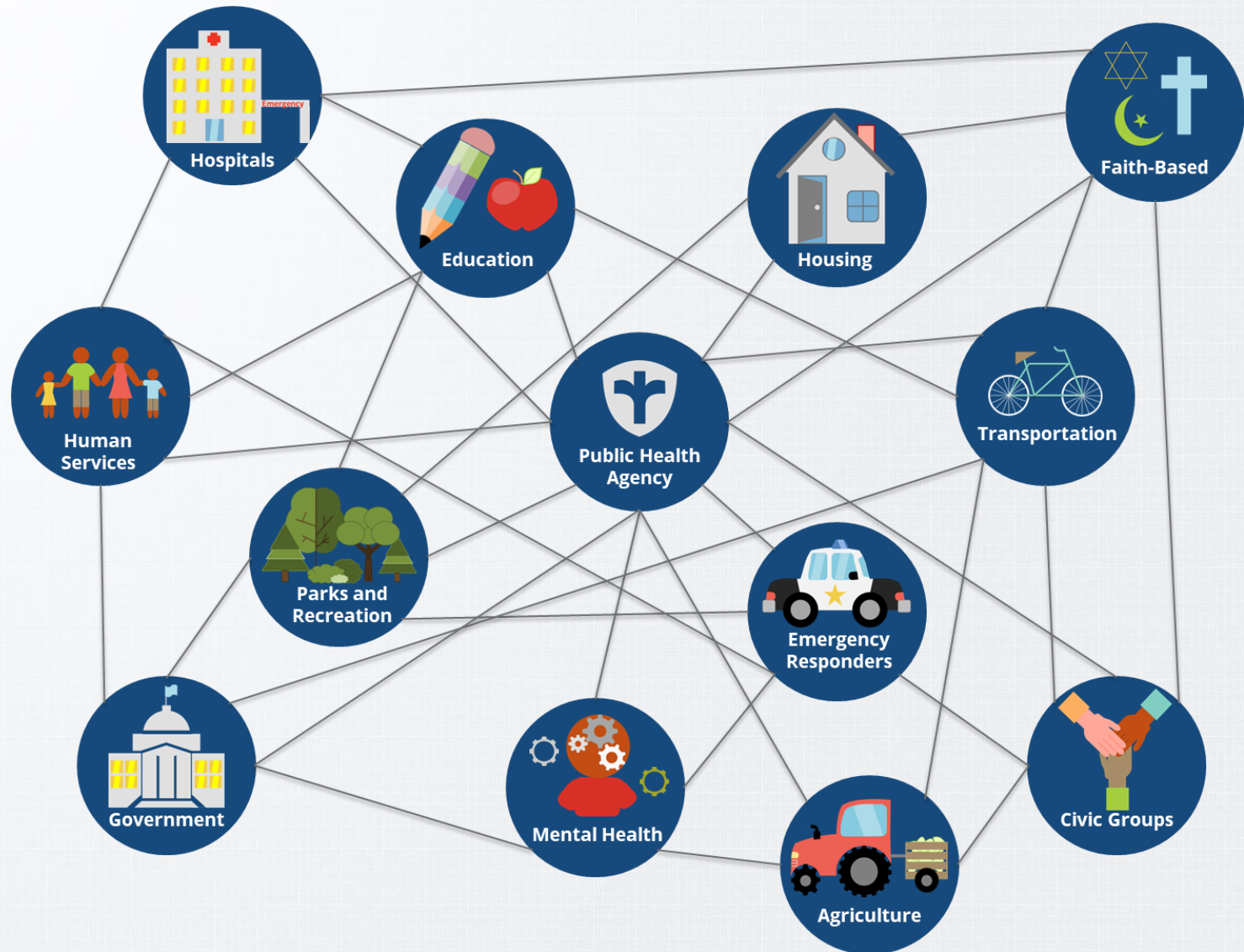
Licensed under CC-BY by the authors Hannah Ritchie and Max Roser.

<https://ourworldindata.org/does-the-news-reflect-what-we-die-from>

# Determinants of Health



# Complexity of the Local Public Health System





# Session Objectives

- ✓ Describe Tennessee's County Health Assessment Process
- ✓ Introduce Tennessee's County Health Councils
- ✓ Evaluate the Opportunity to Engage Partners

# PLANS!!!



# Tennessee Department of Health Strategic Priorities

## Mission

Protect, promote, and improve the health and prosperity of people in Tennessee

## Vision

Healthy People, Healthy Communities, Healthy Tennessee

## Values



Collaboration



Excellence



Integrity



Compassion



Respect

## PREVENTION

Prevention always beats treatment, improving health outcomes and lowering costs for everyone.

- Support Local Leadership
- Decrease Youth Obesity
- Decrease Tobacco Use
- Decrease Substance Misuse
- Prevent and Mitigate Adverse Childhood Experiences

## ACCESS

The changing landscape of health care access brings new challenges to Tennesseans, particularly those in rural areas.

- Optimize Internal Clinical Efficiency
- Improve External Primary Care Access
  - Leverage Innovation
  - Expand Partnerships



# TDH Strategic Plan

The TDH Strategic Plan prioritizes the mutually supportive development of county health councils and completion of a County Health Assessment and Action Planning process



## **TDH Strategic Plan**

Guides TDH efforts to improve Prevention and Access



## **County Health Councils**

Support TDH mission in the community

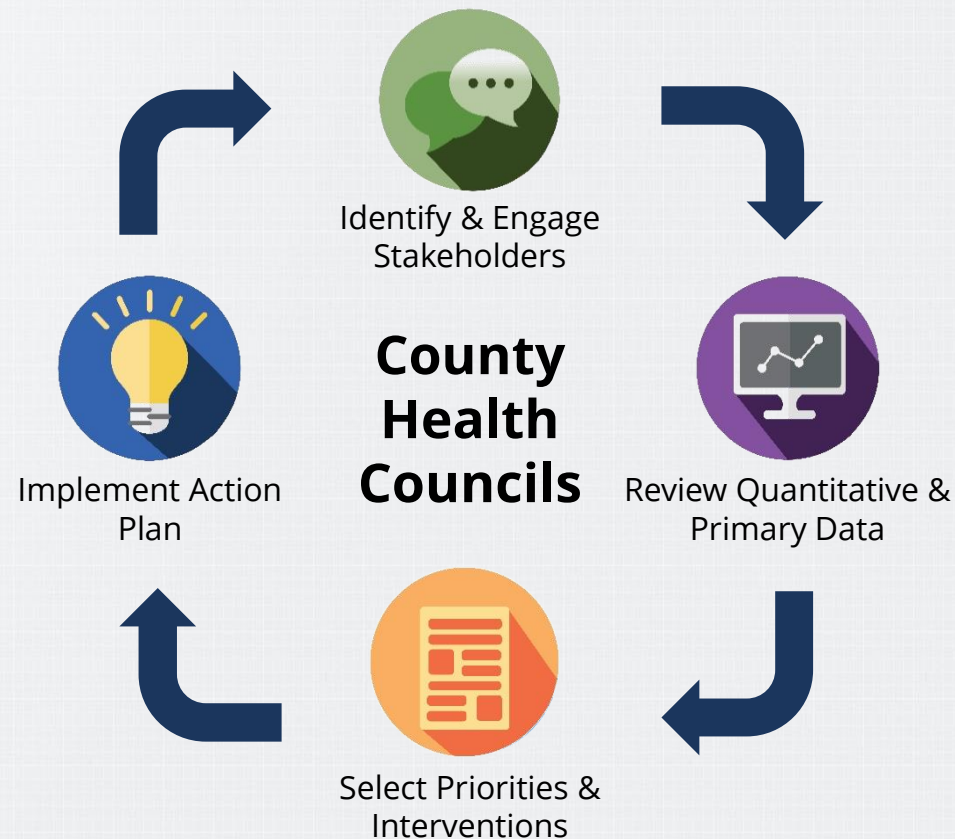


## **CHA & Action Plans**

Guide the work of the Health Council

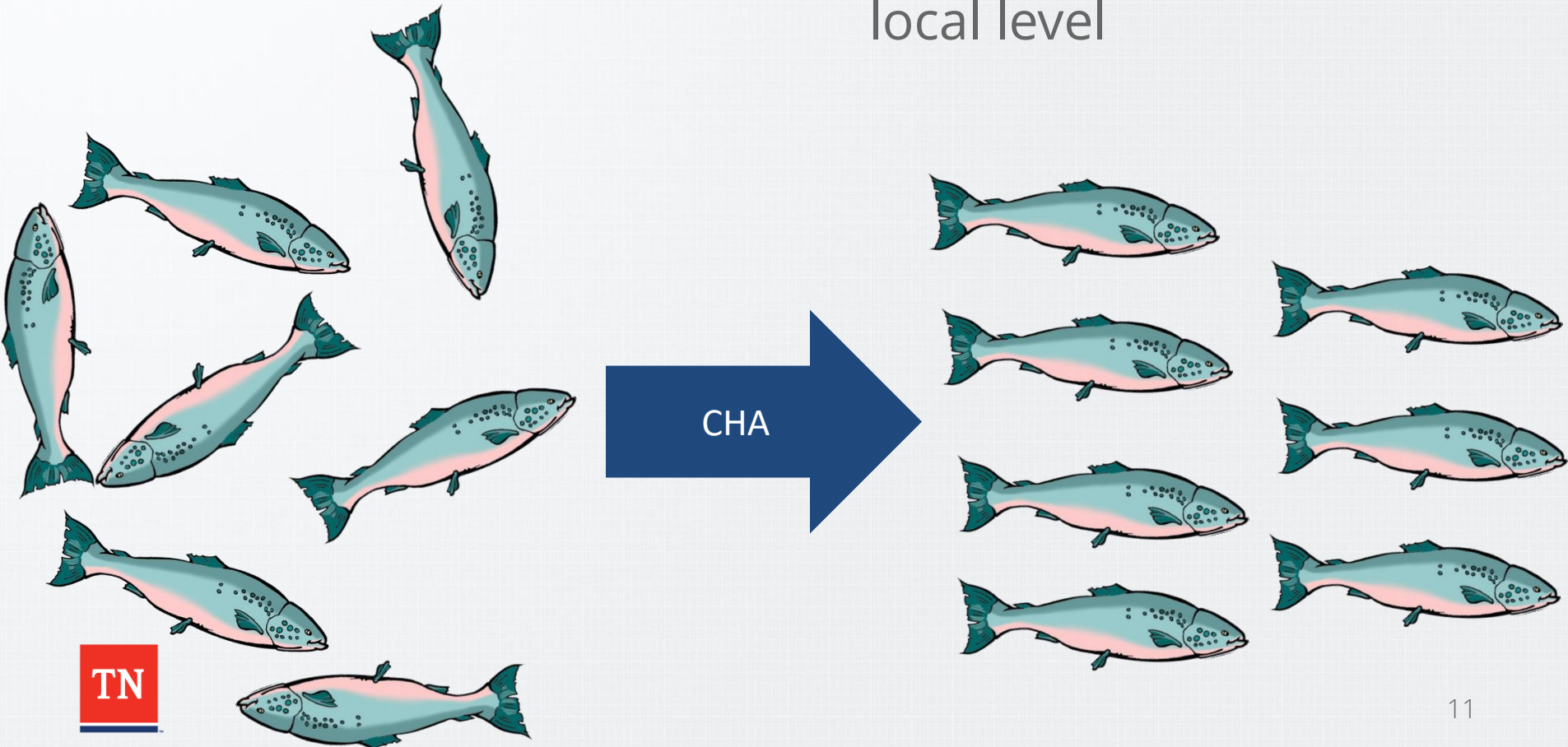
# County Health Assessments: 101

- Led by **County Health Councils**
- 16 counties participated in the CHA process in 2019. 26 Counties will complete a CHA in 2020.
- All 89 “rural” counties will complete a CHA by 2022
- Use **data to drive collaborative action**
- Counties **choose up to three priorities** to focus on
- Health councils **create and execute a three year action plan**



# County Health Councils

- Established in the 1990's
- Exist in all 95 TN counties
- Representative of multiple sectors within a community
- Top resource for improving population health at the local level



# TDH's County Health Assessment





# Defining Health Equity: Themes

- Everyone attaining the highest level of health possible
- A focus on factors that determine health: environmental, social, demographic, and economic
- The elimination of health disparities between different groups within a society
- Use of the terms opportunity and potential



# Health Equity

## Equality

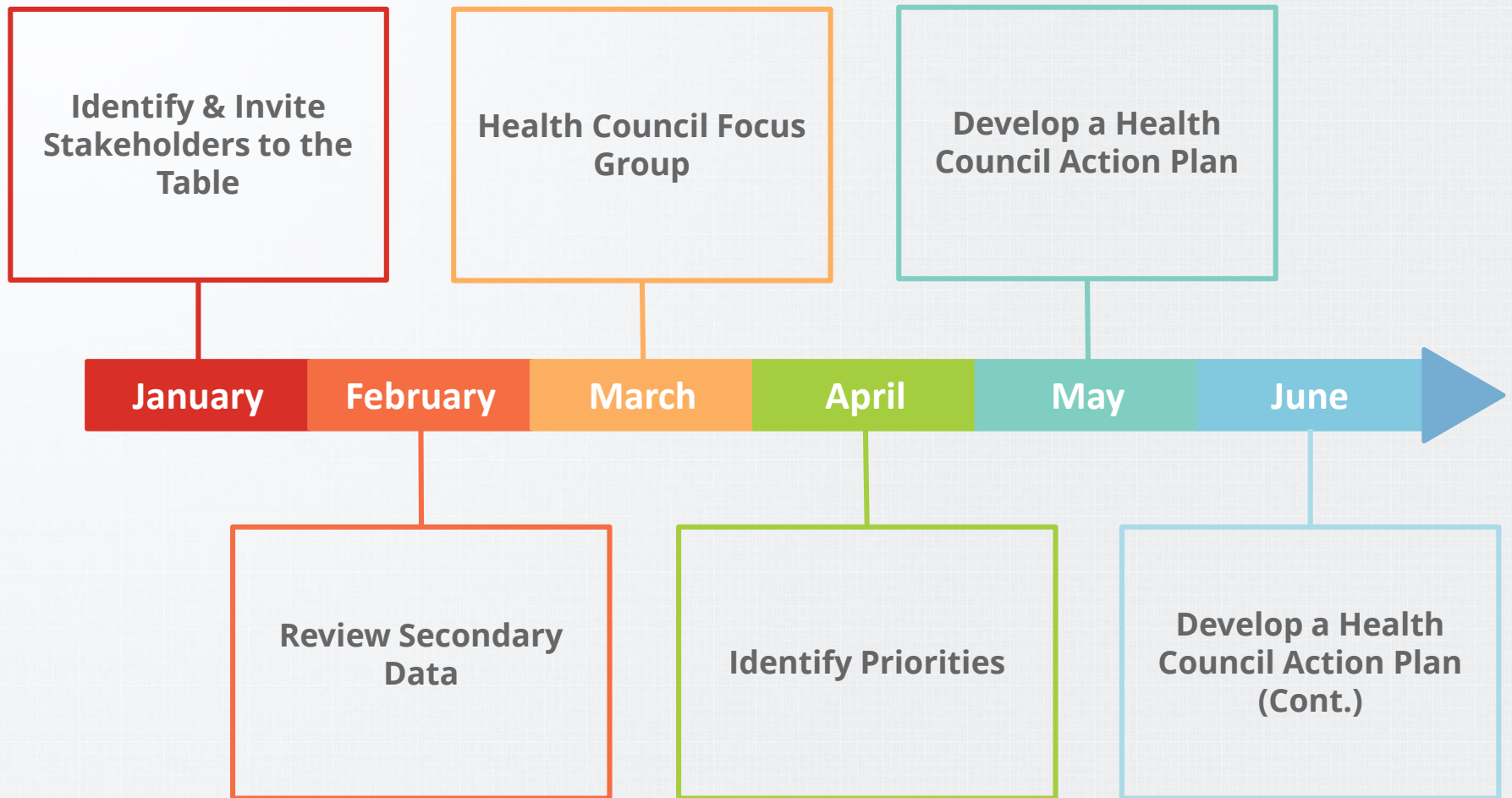


## Equity



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# Suggested Timeline



# Tennessee's Vital Signs



Youth Obesity  
39%

of public school students with an  
"overweight" or "obese" BMI



Physical Activity  
69%

of adults who reported doing physical  
activity during the past 30 days



Youth Nicotine Use  
12%

of high school students who currently  
use electronic cigarettes



Drug Overdose  
23,657

Annual non-fatal drug overdoses



Infant Mortality  
7.4

Infant deaths per 1,000 live births



Teen Births  
26.6

Births per 1,000 teenage women



Community Water  
Fluoridation  
89%

of residents served by fluoridated  
water systems



Frequent  
Mental Distress  
14%

of adults reporting mental health as 'not  
good' for >14 days during the past 30



3rd Grade  
Reading Level  
37%

of 3rd graders reading at grade level



Preventable  
Hospitalizations  
1,531

Preventable hospitalizations per 100,000  
adults



Per Capita  
Personal Income  
\$47,179

Annual income per person



Access to  
Parks and Greenways  
71%

of population with adequate access to  
locations for physical activity

TN

\*Color Indicates 3 Year Trend: green is moving in a positive direction, orange is stagnant, red is moving in a negative direction

[www.tn.gov/vitalsigns](http://www.tn.gov/vitalsigns)



# Access to Parks and Greenways

- > What is access to parks and greenways?
- > Why is access to parks and greenways important when thinking about health?
- > What are the disparities/inequities?



## Vital Sign Actions Guide

The following are lists of intervention strategies that you, your health council, and other local stakeholders could use to address access to parks and greenways in your community.

Programming

Funding

Community Education/Awareness

Policy

### 1. [Community Garden](#)

Community gardens are known to create a multitude of benefits for a community, including access to nutritious foods, social cohesion, and time spent outdoors and in parks. A great way to increase time spent outdoors by individuals is to implement a community garden in a residential pocket park.

# Vital Sign Actions

- Curated, evidence informed strategies to improve population health
- Offers actions to address priorities identified through the CHA process

Programming

Funding

Community Education/Awareness

Policy

Community-Based Policies

Clinical-Based Policies

1. [Adult Recovery Court Best Practices](#)

The National Drug Court Institute published a set of evidence-based best practices for local drug courts to adopt. The goal of these recommendations is to improve the outcomes of adults who are involved in the justice system due to mental health and substance use disorders. Adopting these policies in local communities helps adults struggling with substance abuse to get treatment and prevent future overdoses. See the tn.gov source below for a list of drug court programs in Tennessee.

2. [Naloxone Policies for First Responders](#)

Naloxone, commonly known as Narcan, is a lifesaving drug that reverses the effects of an opioid overdose. Policies requiring all police officers, EMT personnel and other first responders to carry naloxone are recommended by the American Society of Addiction Medicine and would help communities to reduce the number of fatal drug overdoses.

3. [School-Based Overdose Prevention](#)

The Tennessee Department of Education's Coordinated School Health published guidelines for schools concerning student drug overdoses. It is recommended that Local Educational Agencies implement a plan for public and nonpublic schools have an opioid antagonist (i.e. Naloxone) on site and train staff in the administration of the overdose-reversing drug.

- Includes
  - Programming Options
  - Funding Opportunities
  - Community Education and Awareness Strategies
  - Policy Recommendations for various settings such as clinical, community, or school-based



# Data Considerations

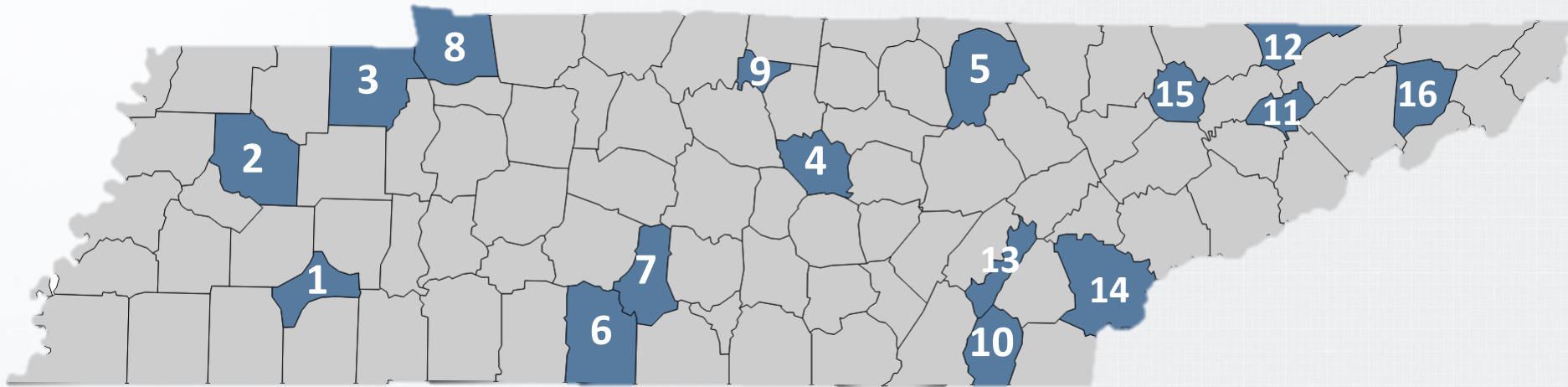
- The data package includes multi-year county-level and the most recent state and U.S. comparisons
- Greyed out boxes show indicators/years where data is not currently available
- Includes a list of sources and data definitions
- Flu Vaccines Rates: 24 month old is at the regional level, not county

<div> <div>TN</div> <div> Department of Health County Data Package </div> </div>								
	Smith County				Tennessee		United States	
	2014	2015	2016	2017	Data	Year	Data	Year
Youth Obesity	43.4%	43.2%	42.0%		39.2%	2016		
Physical Activity	69.0%				69.4%	2017	73.4%	2017
Youth Nicotine Use: Cigarettes					9.40%	2017	8.80%	2017
Youth Nicotine Use: Vaping					11.50%	2017	13.20%	2017
Drug Overdose: Fatal	26.30	41.46	56.56		26	2017		
Drug Overdose: Non-Fatal	347.21	352.42	411.37		344.96	2016		
Infant Mortality	4.22	0.00	3.82		7.4	2017	5.87	2016
Teen Births	38.70	43.00	36.30	22.10	26.6	2017	20.3	2016
Community Water Fluoridation					88.80%	2017	74.40%	2014
Frequent Mental Distress	13.0%	13.0%	14.0%		13.7%	2017	12.4%	2017
3rd Grade Reading Level				43.0%	34.70%	2017		
Preventable Hospitalizations			2033		1531	2016		
Per Capita Personal Income	\$33,731	\$34,580	\$34,653		\$44,266	2017	\$50,399	2017
Access to Parks and Greenways			53.0%		71%	2016	83%	2016
Adult Obesity	35.0%				32.8%	2017	30.1%	2017
Adult Smoking	21.0%	20.0%	21.0%		22.6%	2017	16.4%	2017
Neonatal Abstinence Syndrome	8.5	33.8	38.1	13.6	13.5	2017		
Suicide Rates	10.5	5.2	20.6	20.4	17.3	2017	13.92	2016
Educational Attainment: Graduated High School	80.7%	81.7%	82.7%		86.0%	2016	87.0%	2016
Educational Attainment: Some College	33.9%	33.8%	35.8%		53.2%	2016	59.5%	2016
Rate of Opioid Prescriptions	1752.1	1761.1	1608.8	1457.1	1025	2017	587	2017
Diabetes**	11.9%				11.40%	2015	8.70%	2015
Fruits and Vegetables					55.4%	2017	56.2%	2017
Flu Vaccine Rates: Elderly	56.90%	53.90%	54.90%	46.20%	47.37%	2017-18	45.99%	2017-2018
Flu Vaccine Rates: 24 month old	47.80	55.2	36.0	44.1	45.90%	2017		
HPV Vaccine Rate					55.30%	2016	60.40%	2016
Rate of Food Borne Disease Complaints					27	2017-18*		
Adverse Childhood Experiences					24.60%	2016	21.70%	2016
Heart Disease Death Rate	231.6	202.2	278.1	193.5	238.4	2017	197.2	2015
Cancer Death Rate	194.7	228.1	180.2	213.9	212.8	2017	185.4	2015
Uninsurance Rate	14.2%	10.1%	10.3%		10.6%	2016	8.8%	2016

# County Health Assessment Pilot Counties (2019)



# County Health Assessment Pilot Counties (2019)



## **West TN**

- 1. Chester, WTR
- 2. Gibson, WTR
- 3. Henry, WTR

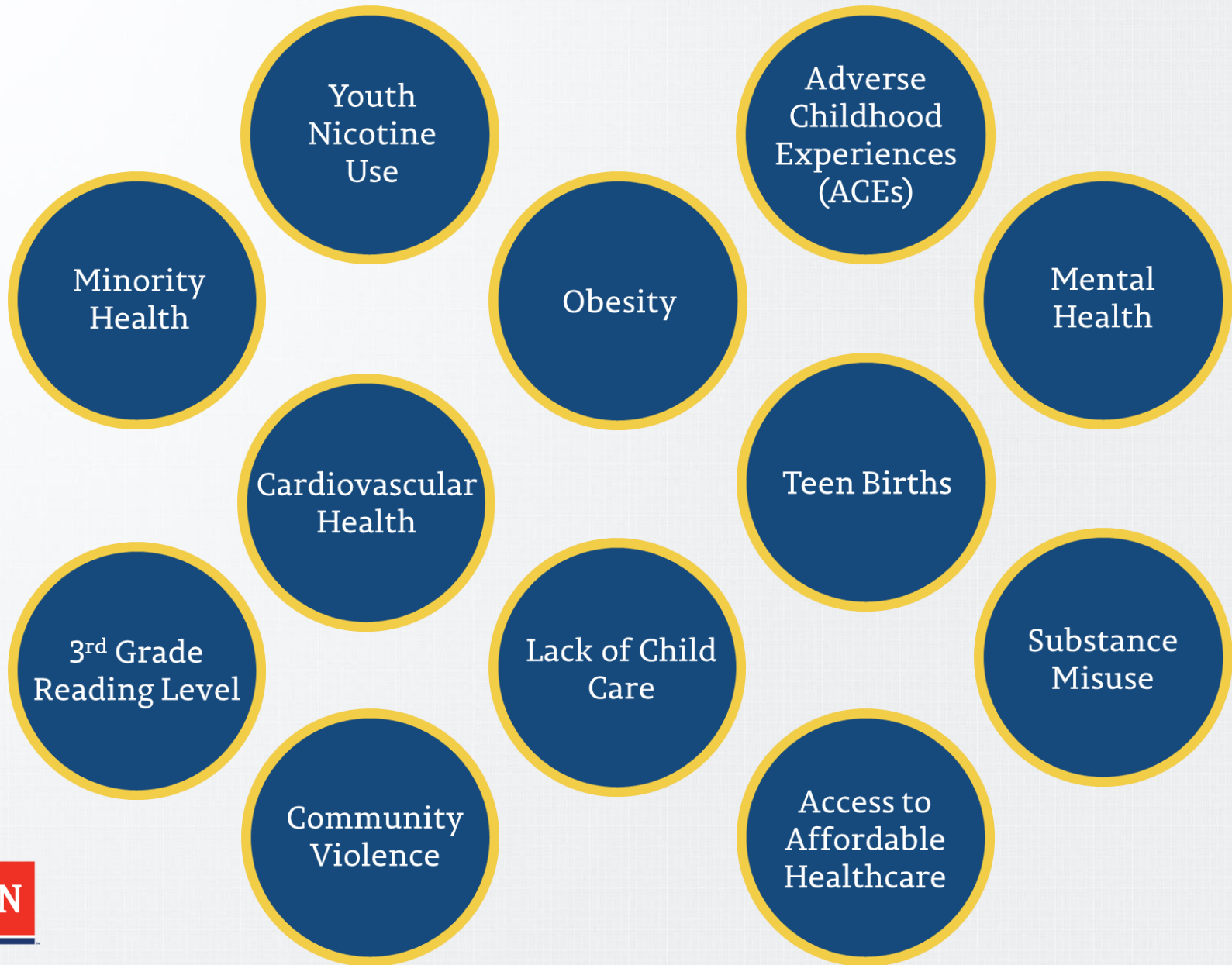
## **Middle TN**

- 4. DeKalb, UCR
- 5. Fentress, UCR
- 6. Giles, SCR
- 7. Marshall, SCR
- 8. Stewart, MCR
- 9. Trousdale, MCR

## **East TN**

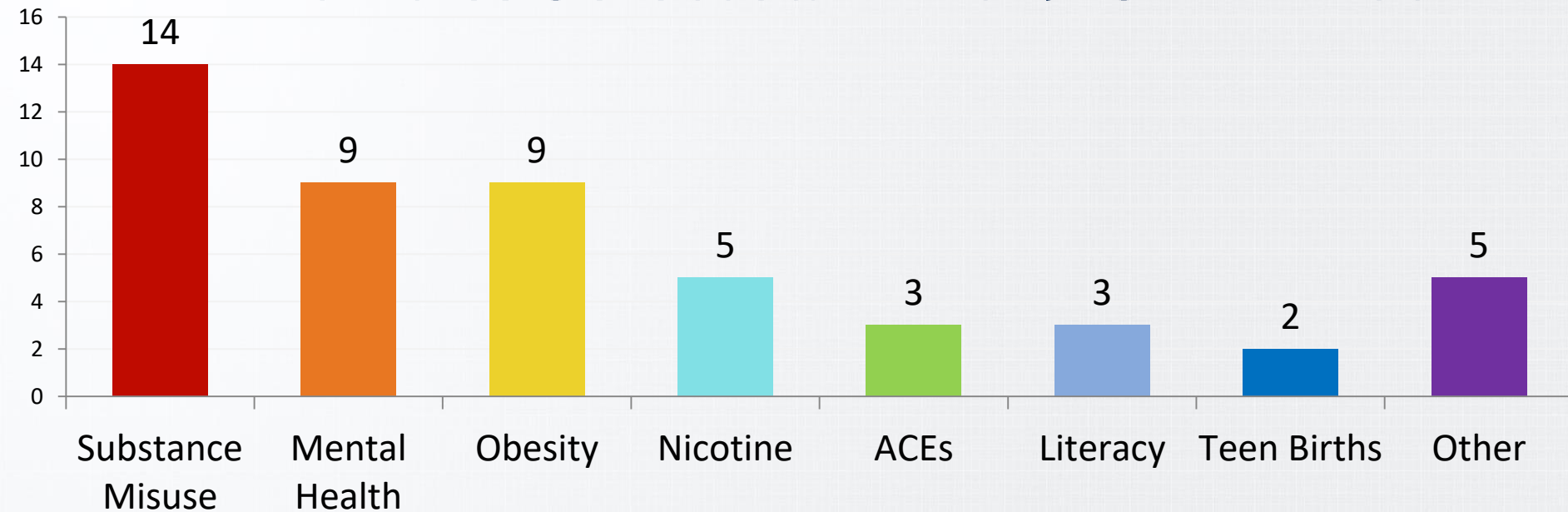
- 10. Bradley, SER
- 11. Hamblen, ETR
- 12. Hancock, NER
- 13. Meigs, SER
- 14. Monroe, ETR
- 15. Union, ETR
- 16. Washington, NER

# 2019 CHA Priorities





# Priorities Selected in 2019 CHA Pilot



## Bradley County



## Chester County



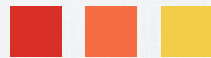
## DeKalb County



## Fentress County



## Gibson County



## Giles County



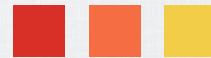
## Hamblen County



## Hancock County



## Henry County



## Marshall County



## Meigs County



## Monroe County



## Stewart County



## Trousdale County



## Union County



## Washington County





# CHA Action Plans

## Adverse Childhood Experiences (ACEs)

Priority Areas: 3 <sup>rd</sup> Grade Reading Level; ACEs; Substance Abuse		County: Resilience	
2-Year Goal: Implement a cross-sector system of shared measurement and evaluation that facilitates alignment of programs and resources to decrease stigma, increase awareness and improve outcomes related to each priority area.			
Vital Sign Actions or other Strategies			
Vital Sign Action/Strategy (Interventions/Activities)	Who on the Health Council will lead the activity?	Outcome Measures (How will you know you were successful?)	Progress toward Outcome Measure (Update at each meeting)
Year 1: Jul 2019- Jun 2020 Community education & providing resources in schools			
Monitor activities & outcomes of Building Stronger Brains grant in schools and agencies [ACEs, SA]	School Reps	Do we have access to grant reports?	Knowledge of BSB grant outcomes
Support Hospital in implementing Bear Buddies in schools [Literacy, ACEs]	Miranda & School Reps	Meeting(s) to implement Bear Buddies; # of volunteer readers & affiliation (Hospital/Community)	Date & Outcome of Mtg(s) Number of children read to and hours of reading completed
Marketing & Education in Community [ACEs, SA, Literacy]	Selected Reps	Track promotional materials distributed; Compare #'s reported above over time	Report of locations/#!/s materials distributed
Community Training: Connect programs to proper venues [ACEs, SA, Literacy]	Selected Reps, Guests (Create a row for each topic to identify & track here)	Training (all orgs from council participate): One Accord Ministry, TN Voices for Children, Trauma Informed Care Systems, Certified Recovery	Updates from agencies on training completed

# CHA Action Plans: Common Themes



## Mental Health

- Increasing partnerships
  - TSPN, law enforcement, schools, providers
- Community resource guides
- Community education and awareness



## Substance Misuse

- Drug take backs
- Programming in jails
  - Workforce Development, NAS, Hep A
- Community plans

# TDH's County Health Assessment:

## When asked, "What did you like most..."

"This process rejuvenated Health Council. It was nice to see some of our more seasoned members get excited and get up again."

"Having time for little voices to be heard."

"The interaction and participation of all health council members."

"Everyone from the community set the goals and not just in their 'area'."

needs of our community. We are all so busy working on our area of expertise that I think this global look at our community was important."

"Collaboration with other facets of the health profession."

# CHA Evaluation

• [Link](#)

**Q7**

The County Health Assessment process helped my Health Council engage with low-income, under-served, or minority populations.

**3.58**



County Health Assessment  
Pilot Overview & Evaluation

November 2019

**Results**

The CHA evaluation survey had four main parts: CHA Process/

**94%**  
respondents Strongly Agreed or Agreed that they enjoyed participating in the CHA with their Health Council.

**90%**  
respondents Strongly Agreed or Agreed that the CHA added value to the work of their Health Council.

**88%**  
of respondents Strongly Agreed or Agreed that the CHA increased engagement during Health Council meetings.

**96%**  
of respondents Strongly Agreed or Agreed that the CHA provided guidance for the Health Council.

Q3	The County Health Assessment increased participant engagement during the Health Council meetings.	4.30
Q4	The County Health Assessment increased the average attendance of my Health Council meetings.	3.71
Q5	The County Health Assessment process attracted new and important stakeholders who were previously not part of our Health Council.	3.72
Q6	The County Health Assessment process provided guidance for my Health Council in identifying priority health issues.	4.42
Q7	The County Health Assessment process helped my Health Council engage with low-income, under-served, or minority populations.	3.58



# 2020 CHA Counties

## Mid-Cumberland Region

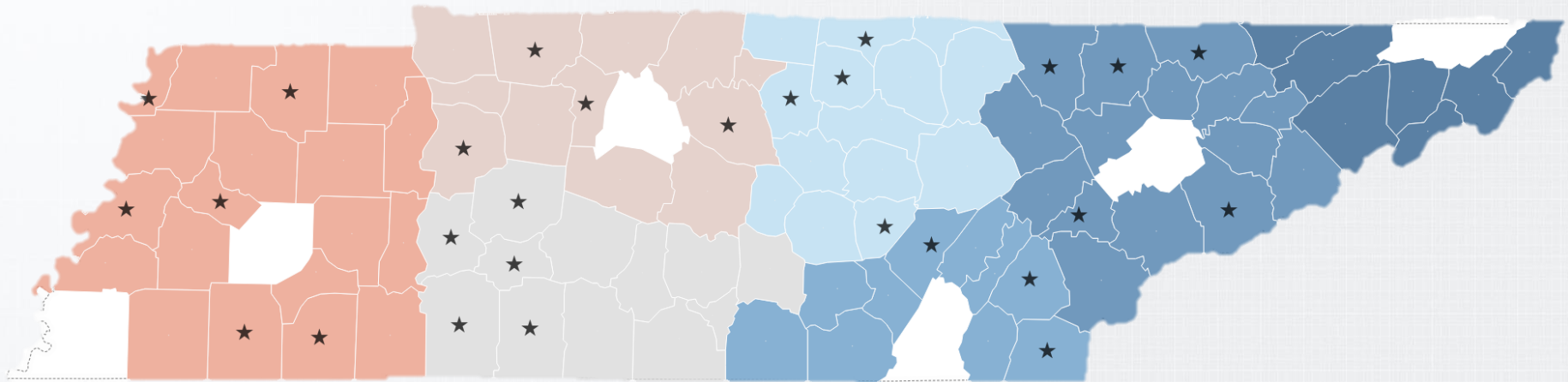
- Cheatham
- Humphreys
- Montgomery
- Wilson

## Upper-Cumberland Region

- Clay
- Jackson
- Smith
- Van Buren

## Northeast Region

- None



## West TN Region

- Crockett
- Hardeman
- Lake
- Lauderdale
- McNairy
- Weakley

## South Central Region

- Hickman
- Lawrence
- Lewis
- Perry
- Wayne

## Southeast Region

- Bledsoe
- McMinn
- Polk

## East TN Region

- Campbell
- Claiborne
- Loudon
- Scott
- Sevier



# The Long-Term Vision

1. Utilize CHA and VSAs to inform TDH's strategic planning process and engage community experts from our rural regions
2. Build a robust, user-friendly Vital Signs website to house information and resources easily accessed by county and topic
3. Grow an ecosystem of resources for each Vital Sign to serve as road maps for counties
4. Empower County Health Councils to establish a sustainable process where counties can engage in conversations and cross-sector collaborations that address upstream public health challenges

# Lessons Learned

- ✓ Communities are hungry for this type of process
- ✓ Innovative work is happening
- ✓ We can improve how we support the engagement of low-income, minority, and under-served populations

# Ways You Can Be Involved

- Join your Health Council!
  - All 89 rural counties will be undergoing the CHA and working on collaborative intervention strategies over the next 3 years
  - Metros (Davidson, Hamilton, Knox, Madison, Shelby, Sullivan) are typically involved in the CHA process with their local non-profit hospital
- Partner with your local health department
- Keep up the good work!

The logo consists of a red square with the letters 'TN' in white, bold, sans-serif font.

Department of  
**Health**

# Let's Chat / Questions?

[jw.randolph@tn.gov](mailto:jw.randolph@tn.gov)

